



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

PLAINTIFF <b>UNITED STATES OF AMERICA</b>		COURT CASE NUMBER <b>Criminal Case No. 04-10345-NMG</b>	
DEFENDANT <b>MOHAMMED ABDUL AZIZ QURAISHI</b>		TYPE OF PROCESS <b>Preliminary Order of Forfeiture</b>	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize: <b>Assessor's Office</b>		
	Address (Street or RFD / Apt. # / City, State, and Zip Code): <b>Town Hall, 801 Washington Street, Canton, MA 02021</b>		
Send NOTICE OF SERVICE copy to Requester:  <b>KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210</b>		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  <b>Please serve the attached Preliminary Order of Forfeiture upon the above-referenced institution by certified mail, return receipt requested.</b> <div style="text-align: right;"><b>KAB x3294</b></div>			
Signature of Attorney or other Originator requesting service on behalf of 		[ X ] Plaintiff [ ] Defendant	Telephone No. <b>(617) 748-3100</b>
Date <b>March 27, 2006</b>			
SIGNATURE OF PERSON ACCEPTING PROCESS: 			Date
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process Indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That [ ] PERSONALLY SERVED, [ ] HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
[ ] I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		[ ] A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service [ ] AM [ ] PM
		<b>Please See Remarks</b>	
		Signature, Title and Treasury Agency <b>Stephen P. Leonard, Forfeitures Officer</b>	
REMARKS: <b>U.S. Customs and Border Protection</b> <b>Preliminary Order served as directed above by certified mail number 7001 2510 0003 4299 9295. Copy of Postal receipt attached showing receipt on 6/2/06.</b>			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT    ☐ FOR CASE FILE    ☐ LEAVE AT PLACE OF SERVICE    ☐ FILE COPY

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

JOHN F. KENNEDY STA  
 BOSTON MA 02111  
 JUN 01 2006  
 USPS

Sent To **Assessor's Office**  
 Street, Apt. No., or PO Box No. **Town Hall**  
 City, State, ZIP+4 **801 Washington St.  
 Canton, MA 02021**

PS Form 3800, January 2001 See Reverse for Instructions

7001 2510 0003 4299 9295

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Assessor's Office  
 Town Hall  
 801 Washington St.  
 Canton, MA 02021

2. Article Number  
(Transfer from)

7001 2510 0003 4299 9295

PS Form 3811, August 2001

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Delma D. Caffrey* ☐ Agent  
☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-01-M-0381